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ABSTRACT

In 1956, Dr. Albert Ellis presented his seminal work on Rational Therapy, subsequently renamed Rational Emotive Behavior Therapy (REBT) in 1993. This paper explores the origins, theoretical foundations, applications, and implications of REBT and provides a look at the empirical research available in support of the approach's efficacy. REBT is widely recognized as an effective approach to therapy. Many researchers have written on the usage of REBT, including Ellis himself who has authored over 700 articles and manuscripts relating to REBT. REBT is one of the cognitive-behavioral approaches to psychotherapy, in that it pays particular attention to the role that cognition and behavior play in the development and maintenance of people's emotional problems. Although REBT uses social learning theory and holds that external events and environmental influences significantly affect humans and contribute to their emotional disturbances, it stresses biological tendencies and innate predispositions; a view not held in other cognitive theories. Rational Emotive Behavior Therapy is presented as an effective approach for dealing with clients who have the ability and desire to make changes in their lives. The goal of REBT is not to rid people of their irrational beliefs, rather it is to minimize their emotional disturbances and self-defeating behaviors by acquiring a more realistic and workable philosophy of life. (Contains 31 references.) (GCP)

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Running head: RATIONAL EMOTIVE BEHAVIOR THERAPY

Rational Emotive Behavior Therapy:

Origins, Constructs, and Applications

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Abstract

In 1956, Dr. Albert Ellis presented his seminal work on Rational Therapy, subsequently renamed Rational Emotive Behavior Therapy in 1993. REBT is widely recognized as an effective approach to therapy. Many researchers have written on the usage of REBT, including Ellis himself who has authored over 700 articles and manuscripts relating to REBT. In this paper, the origins, theoretical foundations, applications, and implications of REBT and provides a look at the empirical research available in support of the approach's efficacy.

"I was trained in psychoanalysis, practiced it from 1947 to 1953, and found that it deeply and intensively went into every irrelevancy under the sun but missed all the philosophical relevancies that led disturbed people to think, feel, and act self-defeatingly" (Ellis, 1997). From this revelation, Albert Ellis set forth to develop the theory and treatment approach that is now referred to as Rational Emotive Behavior Therapy. In the past forty plus years, Rational Emotive Behavior Therapy has become widely recognized as an extremely effective cognitive-behavioral approach towards psychotherapy. In the early 1980's, a survey of clinical and counseling psychologists revealed that Albert Ellis was rated as the second most influential psychotherapist of all time (Carl Rogers placing first, and Sigmund Freud third). Ellis' basic approach has pioneered a number of thinking, feeling, and activity-oriented methods (Corey, 1996) all with the same goal of helping individuals challenge their perspectives and internal beliefs.

REBT is one of the cognitive-behavioral approaches to psychotherapy. This means that it pays particular attention to the role that cognition and behavior play in the development and maintenance of people's emotional problems (Dryden, 1999). It is a system of psychotherapy designed to help people live longer, minimize their emotional disturbances and self-defeating behaviors, and actualize themselves so that they live a more fulfilling, happier existence (Ellis & Bernard, 1985). To accomplish its goals, REBT takes a different approach than most other cognitive therapies. Although REBT uses social learning theory and holds that external events and environmental influences significantly effect humans and contribute to their emotional disturbances, it stresses biological tendencies and innate predispositions; a view not held in other cognitive theories (Ellis & Bernard, 1985).

An introduction to the theory, including its origins, foundations, and practical applications is needed to understand the treatment approach's therapeutic significance. A brief biographical outline of the theory's creator, Dr. Albert Ellis, will proceed a description of the main philosophical and psychological tenants of the theory. The ABC model espoused in the REBT approach and the techniques used to employ REBT in the psychotherapeutic environment are presented to enhance the applicability of this approach. Research is presented which supports the claim of REBT being an effective therapy, and limitations are identified and discussed as areas for future research.

Albert Ellis Background

Albert Ellis began his career in the helping profession in the early 1940's. Originally, Ellis worked as a sexual and marital relationship counselor in New York. He quickly gained the reputation of being very successful in helping couples solve their problems in brief amounts of time. Despite his continued success, Ellis felt that something in his life was missing. He decided to pursue formal training as a clinical psychologist after discovering that there were no formal training possibilities then offered in sex and marital counseling (Ellis & Dryden, 1997).

Ellis received his master's degree (1943) and his doctorate of philosophy degree (1947) in Clinical Psychology from Columbia University. Following the completion of his formal education, Ellis pursued training in psychoanalysis, for as he saw it, it was the deepest and most effective form of psychotherapy available (Dryden & Ellis, 1986). In his work as a sex and marital relationship therapist, Ellis noticed that disturbed relationships were created by disturbed individuals, "and that if people were truly to be

helped to live happily with each other they first had better be shown how they could live peacefully with themselves" (Ellis, 1962, p.3).

Initially, Ellis enjoyed his work as a psychoanalyst. He found that it allowed him to combine both his interest in helping others and his interest in problem-solving. In the early 1950's, Ellis' view of the psychoanalytic approach began to change. This paradigm shift was mainly caused by changes he observed in his clientele. The economy was changing and clients were no longer able to afford classical analysis, a process that often consisted of multiple sessions a week for several years. Ellis was forced to practice a psychoanalytic-oriented psychotherapy instead of classical analysis (Ellis, 1997), in order to produce change in his clients in a relatively short time frame. Surprising to him, Ellis found that the implementation of this new approach helped clients improve more quickly and more intensively than did classical analysis. Having completely lost interest in classical analysis as a viable form of treatment, Ellis began experimenting with various other approaches to psychotherapy (Dryden & Yankura, 1993). His experimentation included attempts at using psychoanalytically-oriented psychotherapy and eclectic-analytic therapy. Although he was successful, Ellis remained dissatisfied with the efficiency of these methods and began to think about what would be the ideal way to work with clients.

Theoretical Foundations

It was during this time of experimentation with various forms of psychotherapy that Ellis began laying the groundwork for his Rational Emotive Behavioral theory. Building on his earlier life experiences and passions, Ellis began to formulate his own ideas about the therapeutic process. In 1953 he began calling himself a

"psychotherapist", a name he thought would separate him from the classical psychoanalysts practicing at the time. Ellis had always had a passion for reading and studying philosophy. He spent a great deal of time reading books and articles by leading philosophers (e.g., Epictetus, Marcus Aurelius, Baruch Spinoza, John Dewey, Bertrand Russell, A.J. Ayer, Hans Reichenbach, Karl Popper) and psychologists (e.g., Alfred Adler, E. Coue, A. Herzberg, W. Johnson, Karen Horney) as he became increasingly interested in the philosophy of happiness (Bernard & DiGuiseppe, 1989). This philosophy posited that individuals would be happy if they were able to have their basic needs met. Personal happiness was central to the work Ellis was trying to achieve. He held that if people acquired a sane philosophy of life they would rarely be emotionally disturbed (Ellis & Bernard, 1985). In order to help his clients, Ellis had to be more active and direct in his methods and offer interpretations of people's problems in terms of the way they conceptualized and evaluated their world rather than looking at psychoanalytic themes such as unconscious motives, intrapsychic conflict, and early childhood memories. As a result, his theory took to explaining how the emotional and psychological problems of an individual were a direct result of these negative thoughts acting as barriers to change. These negative thoughts, known as the irrational beliefs, were the underpinning of Ellis' entire theory.

Theoretical Framework

His attempt at interpreting these emotional problems that people had led to the development of a list of beliefs held by an individual that were seen as detrimental to the individual achieving happiness. It was this list of beliefs that led to the seminal work of Ellis' theory. In 1956, Ellis unveiled his theory to the world of professional psychology

by presenting his 12 basic irrational beliefs underlying psychological problems and emotional disturbance (Bernard & DiGuiseppe, 1989). These 12 irrational beliefs that were presented clearly show the focus on cognitive structures in Ellis' work. According to Ellis (1962), people act for better or worse because of their current conscious and preconscious thinking and attitudes about themselves, others, and the world and not because of feelings concerning their parents. In direct confrontation with psychoanalytic methods, Ellis disputed the entire notion that bad experiences in our past shape our current way of life and are static and unchanging. He forcefully argued that people can overcome the effects of past experiences by reassessing their perceptions of the past and re-evaluating their interpretations of its influence (Ellis & Harper, 1975). This was a complete reversal of what many in the psychological community viewed to be true at the time. As a result, his theory of Rational Therapy (RT), so called to reflect the emphasis on its philosophic and cognitive aspects (Bernard & DiGuiseppe, 1989), was not given much support. RT was Ellis' attempt to underscore the connection between rational thinking and psychological adjustment (Yankura & Dryden , 1994).

From the start, Rational Therapy always had strong emotive and behavioral components to it that favored activity-oriented, therapeutic homework assignments, *in vivo* desensitization and skill training components (Ellis, 1956, 1962). Rational Therapy was also a highly confrontational therapeutic process. This deviated from the humanistic approaches, in particular Carl Rogers' Core Conditions that were quite popular at the time. Rogers (1957) addressed three core conditions as the qualities which therapists need to communicate to their clients. In turn, clients need to perceive the presence of these core conditions for a positive therapeutic effect to be realized. The core conditions

included genuineness, empathy, and unconditional positive regard. Genuineness refers to being real and authentic. Counselors who are genuine have congruence between their inner experiences and outer expressions of those experiences (Corey, 1996). Empathy refers to the ability to accurately understand a client's emotions and feelings as they experience them in the here and now. Unconditional positive regard, the third core condition, communicates to the client a deep and genuine caring for them as a person (Corey, 1996).

The work of Rogers was a dominant influence in the 1950's. Humanistic approaches were quite prevalent as counselors tried to provide a warm environment for their clients (Bernard & Ellis, 1985). Ellis found these conditions to be indirect and inactive methods of change, however he did recognize their value in therapy. As a result he included them as key components in his theory but did not place them at the center of focus. Instead, he saw these core conditions as ancillary parts to the counseling process. The core conditions were guidelines that an effective therapist should follow, not interventions in and of themselves. Ellis saw the responsibility of the practitioner as being able to point out to the client the unscientific and irrational assumptions, ideas, and beliefs which were seen to be at the core of their problem (Bernard & DiGuiseppe, 1989). The core conditions facilitated this interaction by developing a greater bond between client and therapist. The real crux of his work was the action-oriented movement towards change.

It was in the early sixties that Albert Ellis, in conjunction with his associates, changed the name of his theory to Rational Emotive Therapy (RET). Then name change was necessary because many people began associating Rational Therapy with the 18th

Century philosophical position of rationalism. Rationalism posited that reason and intellect were important, and emotions were ignored. The elements of this theory have remained relatively the same since that time, with minor changes and additions along the way; most notably the name change to Rational Emotive Behavior Therapy (REBT) in 1993. This most recent change was made to incorporate the behavioral component of the treatment process. Colleagues of Ellis were able to convince him to add the behavioral component to his theory to highlight the use of behavioral techniques and homework assignments frequently used in therapy (Yankura & Dryden, 1994)..

Regardless of the name used to identify the theory, the fundamental tenants have remained the same. The REBT approach focuses on the interaction between actions, our beliefs, and the consequences of holding such beliefs. The interplay of these three components determines what we as individuals do and do not do. Ellis hypothesized that attending to these beliefs and changing those that are cumbersome and problematic would change the quality of our lives. In looking at these three components, the ABC model was formulated as a way of explaining how behaviors occur.

ABC Model of REBT

Rationale of ABC Model

The core of emotional problems can be linked to a set of irrational beliefs people hold about themselves, others, and the world around them. These beliefs seem very real to the client and are influential factors in determining how we navigate through the world we live in. Irrational beliefs are defined as rigid, inconsistent with reality, illogical, and detrimental to the individual's pursuit of basic goals and purposes. These irrational beliefs encompass our negative self-talk, in particular our "*shoulds*", "*oughts*", and

"*musts*". The goal of REBT to replace these irrational beliefs with a new set of rational beliefs. Rational beliefs that will help the client live longer and happier are developed through this therapeutic process. Development includes (1) setting up or choosing for themselves certain happiness-producing values, purposes, goals, or ideals; and (2) using efficient, flexible, scientific, logico-empirical ways to achieve these values and goals and of avoiding contradictory or self-defeating results (Ellis & Bernard, 1985).

ABC Model Approach

To explain how irrational beliefs shape who we are and how we react to both internal and external stimuli, Ellis developed a model that describes the development of these beliefs. The model is referred to as the ABC framework. This model helps both the client and therapist work together to transform an unrealistic, immature, demanding, and absolutist style of thinking into a realistic, mature, logical, and empirical approach to thinking and behaving (Corey, 1996).

The first component of the ABC model is the "A", or activating event. It is the existence of a fact, an event, or the behavior or attitude of an individual. A's are the events that we attend to and that trigger our beliefs and perceptions. Activating events do not cause our emotional reactions. It is our beliefs about the event that actually cause our emotional responses. According to REBT theory, people make interpretations and inferences about the events in their lives.

The activating event (A) can take many forms. It could be a real or an inferred event. The event may be a real situation that the individual has experienced. It is important to note that the event serves as belief-triggering and that it does not contain any inferences added by the individual. The reaction in the individual needs to be caused by

the experienced event itself, not by any past experiences or inferences the individual attaches to the event. An inferred event is one in which the individual goes beyond the observable data at hand and adds meaning to the stimulus. In other words, the mere presence of the stimulus brings up images in the mind of the client and it is these images which trigger the beliefs rather than the simple event being observed.

The activating events can also be external or internal to the individual. They may be events or situations that the individual is directly exposed to or involved in. An internal event is one that can not be seen by others. It happens within the individual. Feelings of pain or body aches represent internal activating events. These physical symptoms trigger our belief system. These activating events can also refer to past, present, and future events (Dryden, 1999). In working with activating events that do not occur in the present, it is important to make sure the beliefs are triggered by the present-tense experiencing of these past or future events. If the death of a loved one occurred three years ago, the inference would be on how that loss has somehow changed you today. Subsequently, look for how thoughts about possible scenarios in the future affect the beliefs of the individual in the present.

Beliefs constitute the "B" variable in the ABC model. Beliefs are fully and explicitly evaluative and are at the core of a person's emotions and significant behaviors (Dryden, 1999). It is this notion that separates REBT from other cognitive-behavior theories. The idea that people react to activating events through the lens of their belief systems is not completely unique to Ellis and REBT. This idea was initially examined in George Kelly's (1955) work on constructivism. Kelly believed that people do not merely react to situations and to their social learning, but that they creatively construct their

individualized and often highly unique responses to the situations they encounter (Neimeyer, 1992). In essence, people take the activating events in their lives and formulate beliefs that in turn significantly affect their consequences and reactions. The beliefs a person has can be either rational or irrational, and are based on their preferences. Preferences refer to the basic needs, wants, wishes, and desires of an individual. Normally, people's preferences do not cause emotional disturbances because they are flexible, allowing for leeway in particular situations. These are considered rational beliefs. Individuals are able to discern when it is practical and feasible to adhere to their preferences. Disturbances occur when the preferential beliefs are rigid and absolutist. Here we see the "*shoulds*", "*oughts*", "*demands*", and "*commands*" that people believe. Dysfunction is the result of these beliefs because they are unrealistic, illogical, and often impossible to achieve (Dryden & Yankura, 1993). These beliefs, whether rational or irrational, determine how we interpret the events of our lives and subsequently react to them. Our beliefs determine how we react to a situation or event.

The final component of the ABC model is the "C" variable, the consequences of our beliefs in the context of a particular situation. There are emotional and behavioral consequences to holding a set of beliefs about the critical activating events we experience. It is preferred that people experience healthy negative emotions when their preferences are not met (Dryden, 1999). Healthy negative emotions are those emotions that, quanitatively speaking, are low in intensity. They do not represent immobilizing feelings that affect an individual. Examples of healthy negative emotions are concern, remorse, sadness and sorrow. These negative emotions are healthy because they compel us to change. We do not like the way we feel when we have these negative emotions so

we seek to change our belief systems. Negative consequences act as an effective catalyst for change. Their counterparts, the unhealthy negative emotions, are high intensity feelings. Examples include anxiety, depression, guilt, and hurt. These feelings are severe to the point that they impair normal functioning. It is the possessing of these unhealthy negative emotions that necessitates a therapeutic intervention. REBT is designed to help those individuals change the experienced unhealthy negative emotions as a result of the beliefs they hold.

Knowing how the ABC model works and how our reactions to events are constructed, therapists can begin deconstructing irrational beliefs and eliminating the negative consequences of those beliefs. Using the core conditions proposed by Rogers, working through the ABC model with clients proves to be very effective. The ABC approach consists of four steps that the therapist leads the client through as part of therapy. These steps are designed to systematically help deconstruct the individual's belief system and develop a healthy, more effective belief system.

Four Steps of the ABC Model

REBT is an action-oriented approach that requires the client to assume an active role in the therapeutic process. There are four main steps involved in the therapeutic process when applying the concepts of REBT. Movement through these steps helps the client work through their issues and gives them the skills necessary to continue their progress even after therapy has ended. The intended end result is to create a fundamental change in the cognitive belief system of the individual.

The first step is to point out to the client that they have irrational beliefs in their current cognitive thought processes. Many people have held their irrational beliefs for so

long that they believe them to be true. Others may see their beliefs as completely rational even though society may deem them irrational. It is the job of the therapist to help the client separate their rational and irrational beliefs. This first step underlies all other work to be done. Clients need to recognize for themselves that they have both types of beliefs and they need to be able to differentiate between the two.

The second step builds on the awareness achieved in the previous step (Corey, 1996). Here the therapist must show the client how they are feeding into their own disturbances. By continually thinking illogically, they are repeating the self-defeating meanings and philosophies that govern their way of living. Helping the client see the patterns they are following is critical to treatment. Once the client is able to see the irrationality of their beliefs, and the pattern of these beliefs, they need to learn how to interrupt that pattern and begin a new one.

The third step involves disrupting the pattern and discontinuing the cycle of negative, irrational beliefs. Many clients have these irrational beliefs so ingrained into their being that they may not realize they are there or how to stop them. Working in a collaborative effort, both therapist and client modify the client's thinking and begin to move away from the irrational beliefs. A new set of beliefs needs to be created. This moves into the fourth step of the process.

Now that the client has identified their irrational beliefs, the therapist needs to challenge them to develop a new rational philosophy so that they will not fall victim to these same irrational beliefs again. The disturbed belief system needs to be replaced by a newer, more healthy belief system. There are several techniques the therapist can use to move the client through these stages.

REBT Techniques

Rational emotive behavior therapists are multimodal in nature, integrating a variety of cognitive, affective, and behavioral techniques, tailored specifically for each individual client. REBT techniques are applied to a wide variety of clinical problems such as anxiety, depression, anger, relationship difficulties, obsessive/compulsive disorders, eating disorders, personality disorders, parenting problems, and addictions. Cognitive methods are used frequently in REBT work. They demonstrate to the client what their irrational beliefs are in a quick and directive manner.

The most common technique used is disputing the client's irrational beliefs. The key is to constantly challenge the clients in an attempt to get them to begin challenging themselves. Specific questions are asked in relation to their irrational beliefs such as: Where is it written that this is how it has to be? Why do you assume this? Why is this so terrible? Where is the evidence for your beliefs? Questions such as these raise the consciousness of the client and help them to begin thinking on a more rational level. In thinking about these beliefs, they gradually are able to see that things are not as bad as they make them out to be. This is the beginning of their cognitive reconstructing process.

Another useful technique is changing the language of the client. They need to begin speaking in terms that are less rigid and absolutist. Instead of the "*shoulds*" and "*oughts*" they need to develop "*preferences*". By using preferences, which were defined earlier as wishes, wants, and desires, clients can see that a failure does not mean disaster, but rather an inconvenience. Many times the language used contributes to and shapes the thought processes of the individual. By using preferences instead of absolutes, flexibility is added into the client's cognitive framework.

Humor is also used in working with clients. Surveys have shown that humor on the part of the therapist is one of the most popular techniques used by REBT practitioners (Warren & McLellarn, 1987). Emotional disturbances often are developed from an individual taking life too seriously. Humor counteracts the overseriousness of individuals and allows them too dispute their philosophy of life more freely. It allows the therapist and the client to discuss the belief in a non-threatening environment. The use of humor also helps to emphasis the irrationality of a given belief to the client.

Emotive techniques also play a key role in working through the irrational personal constructs of individuals. Aside from the core conditions proposed by Rogers (1957) of empathy and unconditional positive regard, the therapist should utilize various experiential techniques. Among these techniques are rational-emotive imagery and role playing exercises. Rational-emotive imagery is a form of intense mental practice designed to establish new emotional patterns (Corey, 1996). Therapists tell the client to visualize how they would act, think, and feel exactly like they would like to in real life (Maultsby, 1984). This serves two purposes. It allows clients to imagine themselves doing what they want and demonstrates for them that it is not impossible for them to be that way. It also allows the client to see and experience the negative of a situation and work backwards and find alternatives that may lead to the more productive thought, feeling, or behavior they would prefer. Role playing exercises allow the client to experiment with these new beliefs in a safe environment. They are able to see how it would be if they were able to think, feel, and behave as they would like to. The role play allows for a working through of the underlying irrational beliefs.

Another emotive technique used, which was developed by Ellis himself, is the shame-attacking exercise. Ellis (1988) developed these exercises to help the client reduce irrational shame over behaving in a particular way. Clients are encouraged to deliberately act shameful in public in order to accept themselves and to tolerate the ensuing discomfort (Ellis & Dryden, 1997). The rationale for this technique is that it demonstrates to the client that it is ok to not be perfect in every situation. It also shows them that it is not as catastrophic as they once thought to feel bad for what they have done. By over-emphasizing the shame in these situations, it makes the shame they feel in everyday behavior less consequential. Risk-taking exercises such as this help people overcome their fears, anxieties, and irrational beliefs by helping them develop a comfort and familiarity with situations and their feelings and reactions towards those situations.

Behavioral techniques used in REBT are the same techniques used in any other behavioral approach to therapy. Operant conditioning, self-management exercises, systematic desensitization, relaxation techniques, and modeling are all used. These activities allow the client to *do* new and difficult things, and put the insights learned in therapy to use in the form of concrete actions. All these techniques, the rational, emotive, and behavioral, combine to give the client a mulitmodal approach towards combating their irrational beliefs and philosophies of life. By thinking about, reflecting on, and actually trying new behaviors they gradually begin to change and/or discard their irrational beliefs for more practical beliefs that fit into their new way of viewing events they experience. These new beliefs help the individual become less rigid in their experiencing of an event. The intensity of their emotions can be regulated based on these new flexible beliefs.

REBT is an approach that draws on a number of other theories and techniques. It is not a theory that stands alone. As a cognitive therapy, REBT is seen as dealing with the inner thoughts and thought patterns of the individual. Looking at how the individual views their world is a main point of any REBT technique. Several researchers have tried to identify whether or not REBT, with its emphasis on personal irrational beliefs, fits under the auspice of the constructivist approach. A definitive answer does not seem to be available.

Constructivist Principles

Recent efforts have been made on the part of researchers to determine if REBT falls under one theoretical foundation. Is it rationalist or constructivist? There does not appear to be a clear and decisive answer. There are those who believe that REBT and other cognitive-behavioral approaches are not constructivist at all (Mahoney & Lyddon, 1988) , while there are also those who believe it does have constructivist components built into it (Ellis & Dryden, 1987). Constructivists see the difference as being how the cognitions of an individual are viewed. As Mahoney and Lyddon (1988) explain it, constructivists do not look at the individual as a template through which experiences are filtered. Instead they see the individual as actively creating and constraining new experiences to fit in with their perceived "reality". Constructivists do not merely look at what a client knows, they also look at how the client is knowing what it is they know.

REBT draws heavily from both sides and utilizes techniques favored by each theoretical orientation. REBT utilizes the rational methods of therapy, namely: active-directive changing of unrealistic and irrational beliefs, skill training, problem solving, bibliotherapy, desensitization, and reinforcement measures. Mahoney (1988) claims that

a reliance on these techniques alone will result in relapses in clients, for they have improperly internalized and acted on the information and knowledge imparted on them in therapy.

Individuals need to be able to create changes for themselves. The individuals need to be able to help themselves and recognize the irrationality of their beliefs for themselves. Therapy should involve teaching them the ways to produce changes on their own instead of simply telling them what they should be doing. Ellis and his proponents were aware of this when they developed and added to the REBT approach. They sought to make a first-order change in the way people cognitively structure their beliefs; clearly a constructivist viewpoint. If the client profoundly changes basic irrational philosophies, REBT theory argues that continuing to work at keeping beliefs flexible can result in a state where the individual will rarely become upset with the present or the future and quickly correct and readjust when viewing the past. The proposition is that once the fundamental change in beliefs and philosophies is made the client, with continued practice, should be able to quickly discern between rational and irrational thoughts in the context of the stimulus being presented.

Several components of REBT suggest a constructivist approach towards working with clients. A few of the components include: the use of disclosing tacit philosophies, striving to achieve a profound change in client beliefs and attitudes towards themselves, others and life situations, and the usage of many dramatic and experiential techniques to change client's thoughts, feelings, and actions. Whether it may actually be constructivist in nature or not, there is one undeniable fact that can be stated in reference to REBT therapy: it works. Thousands of research studies have been conducted to test the efficacy

of the REBT approach. It has proven to be an effective form of treatment in helping individuals deal with the every day problems and difficulties associated with the adherence to irrational beliefs they have formulated.

Supporting Research

Cognitive-behavioral approaches to therapy, in particular a rational emotive behavioral approach, have proven to be quite effective. Countless research studies have been conducted on the efficacy and usefulness of REBT. In one of his many articles, Ellis (1979) reviews the research literature that supports both cognitive-behavioral approaches and REBT. He concluded that REBT had an "immense-indeed, almost awesome-research backing"

A convincing argument can be made for therapeutic effectiveness by focusing on controlled clinical studies that substantiate and validate the main components of Ellis' original theory. These studies show that people who persistently hold irrational or self-defeating beliefs are more disturbed than those who hold them less often and less forcefully (Feltham, 1997). Other studies have shown that cognitive-behavioral therapies, including REBT, that show clients how to become aware of and change their dysfunctional beliefs are effective. Clients who have been treated with cognitive-beahvioral approaches reported that their neurotic symptoms improved (Haaga & Davidson, 1989).

REBT also compares quite favorably to other theories in terms of effectiveness. In a review of outcome studies from 1977 to 1989, Silverman, McCarthy, and McGovern (1992) reported that in general, research findings are quite supportive of the efficacy of REBT. Of 47 studies reviewed, 31 had significant positive findings in favor of REBT.

In the remaining 16 studies, clients who were exposed to REBT showed improvement, and in no study did another therapeutic approach score significantly higher than REBT. Consistent among the research findings is the fact that REBT is effective in helping clients achieve change in their lives. The results of numerous studies also show that there is relatively high validity to the therapeutic techniques used in REBT and that they are effective at limiting self-defeating and irrational beliefs.

REBT Limitations

As effective an approach as REBT may appear to be, therapists should be cautioned that it is not an approach to be used in all situations. As with any theory, it does have its strengths and limitations. Ellis believes that REBT techniques can be at their most effective when used with, as he termed, YAVIS-type individuals. These are Young, Active, Verbal, Intelligent, and Successful people. They tend to be able to accept the ideas suggested in REBT more rapidly and are more likely to put these new rational philosophies into action. REBT also appears to be an effective technique when used as a self-help strategy as opposed to a therapist-client intervention. REBT and cognitive-behavioral therapy have been found very helpful when presented in self-help materials, such as books and audio and video cassettes (Dryden, 1995; Ellis, 1994; Yankura & Dryden, 1994). Several of these materials have been developed on a number of topics ranging from marital/relationship issues to anxiety to depression to overcoming addictions. Approaches such as REBT appear to be effective and are attractive to clients and customers because they hold the possibility for bringing about rapid awareness and change. Through use of these techniques, individuals are able to take control of their

philosophies governing their lives and make changes for the better, thus bringing them more happiness.

Rational Emotive Behavior Therapy is an effective approach for dealing with clients who have the ability and desire to make changes in their lives. The goal of REBT is not to rid people of their irrational beliefs, rather it is to minimize their emotional disturbances and self-defeating behaviors by acquiring a more realistic and workable philosophy of life (Corey, 1996). Ellis would suggest that the focus of therapy should not be on removing the presence of symptoms, but rather on getting people to examine and change some of their most basic beliefs that keep them disturbed. REBT provides clients with the necessary skills to produce these first order changes in their thought processes. It also allows for the client to rather quickly discern what their irrational beliefs are and how they could possibly be discarded or changed.

Several REBT researchers were recently asked how they saw the theory evolving in the future when its creator, Albert Ellis, passes away. The reactions were mixed. Some saw it as being absorbed into the greater umbrella of cognitive-behavioral therapies, while others saw it as continuing to stand alone as a rather successful treatment approach. Perhaps the most optimistic outlook for the future of REBT was shown by Ellis when he stated that "Fifty years after my death, I predict that REBT will be alive and kicking!" (Weinrach, et al., 1995).

It is apparent that cognitive therapies, including REBT, are effective forms of psychotherapy. However more research needs to be completed in order to keep these approaches at the forefront. All indications show that there are researchers and psychotherapists that have continued the work started by Ellis. In a study conducted in

the early 1980's, Heesacker, Heppner, and Rogers (1982) reviewed over 14,000 references to determine who was the most influential author in modern psychotherapy. Their finding was that since 1957, Albert Ellis was the most cited author in major counseling psychology journals. New studies need to be conducted which expand the boundaries of REBT therapy. Applications to various client populations should be explored and discussed. Journals such as the Journal of Rational Emotive and Cognitive Behavioral Therapy, formerly the Rational Living Journal, provide the forum for researchers to publish their findings on the development and efficacy of new cognitive approaches.

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